

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/51389

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1		1			
5	1		1			
6	2		1			
7	2		1			
8	2		1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	6	←	10	←	←	
TOTAL CLAIMS	8	████████	12	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	←
TOTAL CLAIMS		████████		████████	████████	████████